

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90069 042 \*\*\*150.00

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AV

**DOCUMENT # P99000047485**

1. Entity Name  
**SAM INCORPORATED OF FT. LAUDERDALE**

Principal Place of Business  
**902 NE 62ND STREET  
LAUDERDALE FL 33334**

Mailing Address  
**902 NE 62ND STREET  
LAUDERDALE FL 33334**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0923302</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BERNARD, ANTHONY</b> <b>16201 SW 95 AVE.</b> <b>SUITE 109</b> <b>MIAMI FL 33157</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MAZUMDER, MDSHAFIOUR R		NAME	TANIA SULTANA			
STREET ADDRESS	530 E. MCNAB ROAD APT. 9		STREET ADDRESS	4244 LEO LN #262			
CITY-ST-ZIP	POMPANO BEACH FL 33060		CITY-ST-ZIP	WEST PALM BEACH FL 33410			
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	AFOO, SHAHZAHAN D		NAME				
STREET ADDRESS	530 E. MCNAB ROAD APT. 9		STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33060		CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SARKER, FIROZ AHMED		NAME				
STREET ADDRESS	3201 NE 1ST AVE. #8		STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33064		CITY-ST-ZIP				
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HABIB, REZA		NAME				
STREET ADDRESS	741 SW 9TH ST # 210		STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33060		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Shahza Khan D. Afoo **4-4-02** **561-863-7591**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)